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chapel hill  
kindergarten

## CHAPEL HILL KINDERGARTEN PRE-ENROLMENT FORM

### Child's Details

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_ Child is known as: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Boy / Girl (Please circle)

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Ethnic Group: \_\_\_\_\_

*If Maori, please enter the names(s) of your child's Iwi above. You may enter more than one Iwi. If you do not know please enter '-don't know'*

### Guardian's Details

Mothers Name: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_

Phone (home): \_\_\_\_\_

Phone (work): \_\_\_\_\_

Phone (work): \_\_\_\_\_

Phone (mobile): \_\_\_\_\_

Phone (mobile): \_\_\_\_\_

### Does your child have any specific needs?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Preferred Days to Attend

Session times: 8.30- 12      1.00 - 3.30      8.30 - 2.30 (full day session can be extended till 4)

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Desired start date: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Please Note: We do not accept children on our waiting list before the age of two.**

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

APT